

BEFORE THE DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

THOMAS J. MEYERS, M.D.,

Respondent

NO. D-1778

L-11834

OFFICE OF ADMIN. PROCEDURE	
EXHIBIT	2
AGENCY	Div. Medical Quality
FILE NO.	4-27502
DATE	11-14-77

DECISION AND ORDER

This matter came on regularly for hearing before a panel of the District 11 Medical Quality Review Committee consisting of Maurice M. Osbourne, M.D., Donald W. Petit, M.D., and Ophelia Long, R.N., at Los Angeles, California, on February 14, 15, 16, and 17, 1977. Milford A. Maron, Administrative Law Judge of the Office of Administrative Hearings, presided. Steven M. Kahn, Deputy Attorney General, appeared in behalf of Complainant. Respondent appeared in person and was represented by Manuel Hidalgo, attorney at law. Evidence both oral and documentary was received. A Proposed Decision was rendered by the Panel which was non-adopted by the Division of Medical Quality. The Division then undertook to decide the Case itself upon the record, including the transcript and without the taking of additional evidence. The parties were afforded the opportunity to present written arguments to the Division.

The Division makes the following decision:

FINDINGS OF FACT

I

Complainant, Raymond M. Reid, was, and now is the Executive Officer of the Board of Medical Quality Assurance of the State of California, and made the Accusation in his official capacity.

II

On or about August 29, 1929, respondent, Thomas J. Meyers, M.D., was issued an Osteopathic Physician and Surgeon's Certificate and was placed under the jurisdiction of the Board of Osteopathic Examiners. On or about November 6, 1962, respondent elected to use the designation "M.D." and to come under the jurisdiction of the Board of Medical Examiners of the State of California (now known as the Board of Medical Quality Assurance of the State of California), and that at all times herein mentioned, was, and now is, licensed to practice medicine and surgery in the State of California.

III

A. On or about November 2, 1968, respondent was called in as a consultant by a Paul B. McCracken, M.D., to provide assistance in the treatment of Dr. McCracken's patient, one

Leonard D [REDACTED], who had been hospitalized at Altadena Community Hospital, Altadena, California, on October 31, 1968.

B. The medical records of Dr. McCracken indicated that from the period beginning on or about December 27, 1965, to on or about November 2, 1968, the patient had experienced petit mal seizures, an abnormal sensory pattern in his forehead, an aching at the base of the skull, ataxia, a speech impediment, and a sense of being at a high altitude, and that he had been treated as an epileptic by Dr. McCracken.

C. Said records further indicated that during the period from 1966 through October 1968, the patient continued to have headaches and a speech impediment, and in October 1968, he began to experience severe headaches, loss of memory, diplopia, clonic myotonia, nuchal rigidity, and dragging of his right foot.

D. On or about November 4, 1968 an examination of the patient performed by respondent at the Altadena Community Hospital indicated that he had headaches, that his right foot dragged, and that his right arm was impaired.

E. During the period from on or about October 31, 1968, through November 27, 1968, the duration of the patient's hospitalization at Altadena Community Hospital, electroencephalograms (EEG's) taken of the patient as reported to respondent indicated abnormalities, and that a focal lesion such as a tumor in the right fronto-temporal region must be considered.

F. Despite the clear test warnings indicated above and the prior medical history of the patient, respondent failed to obtain a full neurological examination, failed to request any further neurological or neurosurgical consultations, and diagnosed the patient's condition as a psychoneurological psychosomatic reaction, in that he was suffering from conversion hysteria.

G. During the period from on or about November 1968, through on or about August 1970, respondent treated the patient for conversion hysteria, primarily through the use of psychotherapy and psychological testing performed under his direction by his employee or associate, one Cherry Ann Clark. At no time during said period did respondent request any further neurological or neurosurgical tests or consultations to determine the patient's condition, despite reports of aphasia and ataxia, and the fact that Mr. D [REDACTED] was suffering from pains on the left side of his face, headaches, pains in his neck, double vision, dragging of his right foot, weakness of his right leg and right arm, problems with his memory, and tension in his jaws which made him slobber.

H. On or about August 27, 1970, the patient on his own having consulted another physician, was diagnosed as left frontal lobe tumor, subsequent to which he underwent surgery for removal of a very large meningioma.

#### IV

The aforesaid findings detail a situation wherein respondent, who was in continuous contact with the patient, should have noted significant visible changes in the patient's physical condition thereby indicating that he was suffering some organic disease and not conversion hysteria, for which he was being treated. These serious errors of diagnosis abundantly establish the charges of gross negligence and gross incompetency.

#### DETERMINATION OF ISSUES

Respondent is subject to disciplinary action pursuant to Section 2361 of the Business and Professions Code, in that he is guilty of unprofessional conduct within the meaning of Section 2361(b) and (c) of the Business and Professions Code, by virtue of being grossly negligent and grossly incompetent in the treatment of a patient.

#### ORDER

WHEREFORE, THE FOLLOWING ORDER is hereby made:

The Physician's and Surgeon's Certificate issued to respondent Thomas J. Meyers, M.D. is revoked.

Upon satisfaction of conditions 1 and 2 below, revocation shall be stayed and respondent placed on probation for 10 years. The period of probation shall not begin and respondent's certificate

shall remain revoked until each condition (1 and 2) has been fulfilled.

1. Respondent must establish proof of participation in fifty (50) hours of continuing education courses in neurology. These courses must be submitted to the Division for its prior approval.

2. Respondent must pass oral clinical examinations in both neurology and psychiatry to be conducted by the Division or its designee.

During probation, respondent must also do the following:

3. Respondent must obey all federal, state and local laws, and all rules governing the practice of medicine in California.

4. Respondent must submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.

5. Respondent must comply with the Division's probation surveillance program.

6. Respondent must appear in person for interviews with the Division's medical consultant upon request at various intervals and with reasonable notice.

7. In the event respondent should leave California to

reside or to practice outside the State, respondent must notify the Division of the dates of departure and return. Periods of residency or practice outside California will not apply to the reduction of this probationary period.

If respondent violates probation in any respect, the Division, after giving respondent notice and the opportunity to be heard, may move to set aside the stay order and impose the revocation of the respondent's certificate.

Upon successful completion of probation, respondent's certificate will be fully restored.

This Decision shall become effective on JULY 19, 1978 .

It is so ordered this 19 day of JUNE, 1978 .

DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE

By Michael J. Carella  
MICHAEL J. CARELLA, Ph.D.  
Secretary-Treasurer

FL:pc

BEFORE THE DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

THOMAS J. MEYERS, M. D.

Respondent.

D-1778

L-11834

NOTICE OF NON-ADOPTION OF PROPOSED DECISION

(Pursuant to Section 11517 of the Government Code)

TO THE RESPONDENT ABOVE NAMED:

YOU ARE HEREBY NOTIFIED that the Division of Medical Quality of the Board of Medical Quality Assurance of the State of California has decided not to adopt the attached proposed decision filed herein by the duly assigned Administrative Law Judge, Milford A. Maron, and dated March 1, 1977. You are also notified that the Division of Medical Quality will decide the case upon the record, including the transcript and without the taking of additional evidence. You are hereby afforded the opportunity to present written argument to the Division of Medical Quality, if you desire to do so, by filing such written argument with the Division at its office at 1430 Howe Avenue, Sacramento, California 95825, and the same opportunity is afforded the Attorney General of the State of California.

You will be notified of the date for submission of such written argument when the transcript of the administrative hearing becomes available.

DATED: May 16, 1977

DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE

*Vernon A. Leeper*

VERNON A. LEEPER, Program Manager  
Enforcement Unit



BEFORE THE DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

THOMAS J. MEYERS, M.D.,  
Respondent.

NO. D-1778

L-11834

PROPOSED DECISION

This matter came on regularly for hearing before District 11, Medical Quality Review Committee, a quorum being present, at Los Angeles, California, on February 14, 15, 16, and 17, 1977. Milford A. Maron, Administrative Law Judge of the Office of Administrative Hearings, presiding. Steven M. Kahn, Deputy Attorney General, appeared on behalf of the Complainant. The respondent appeared in person and was represented by his attorney, Manuel Hidalgo, Esq. Evidence both oral and documentary having been received, the matter was submitted and the Medical Quality Review Committee finds the following facts:

I

Complainant, Raymond M. Reid, was, and now is the Executive Officer of the Board of Medical Quality Assurance of the State of California, and made the Accusation in his official capacity.

II

On or about August 29, 1929, respondent, Thomas J. Meyers, M.D., was issued an Osteopathic Physician and Surgeon's Certificate and was placed under the jurisdiction of the Board of Osteopathic Examiners. On or about November 6, 1962, respondent elected to use the designation "M.D." and to come under the jurisdiction of the Board of Medical Examiners of the State of California (now known as the Board of Medical Quality Assurance of the State of California),

and that at all times herein mentioned, was, and now is, licensed to practice medicine and surgery in the State of California.

### III

A. On or about November 2, 1968, respondent was called in as a consultant by a Paul B. McCracken, M.D., to provide assistance in the treatment of Dr. McCracken's patient, one Leonard D. [REDACTED], who had been hospitalized at Altadena Community Hospital, Altadena, California, on October 31, 1968.

B. The medical records of Dr. McCracken indicated that from the period beginning on or about December 27, 1965, to on or about November 2, 1968, the patient had experienced petit mal seizures, an abnormal sensory pattern in his forehead, an aching at the base of the skull, ataxia, a speech impediment, and a sense of being at a high altitude, and that he had been treated as an epileptic by Dr. McCracken.

C. Said records further indicated that during the period from 1966 through October 1968, the patient continued to have headaches and a speech impediment, and in October 1968, he began to experience severe headaches, loss of memory, diplopia, clonic myotonia, nuchal rigidity, and dragging of his right foot.

D. On or about November 4, 1968 an examination of the patient performed by respondent at the Altadena Community Hospital indicated that he had headaches, that his right foot dragged, and that his right arm was impaired.

E. During the period from on or about October 31, 1968, through November 27, 1968, the duration of the patient's hospitalization at Altadena Community Hospital, electroencephalograms (EEG's) taken of the patient as reported to respondent indicated abnormalities, and that a focal lesion such as a tumor in the right fronto-temporal region must be considered.

F. Despite the clear test warnings indicated above and the prior medical history of the patient, respondent failed to obtain a full neurological examination, failed to request any

further neurological or neurosurgical consultations, and diagnosed the patient's condition as a psychoneurological and psychosomatic reaction, in that he was suffering from conversion hysteria.

G. During the period from on or about November 1968, through on or about August 1970, respondent treated the patient for conversion hysteria, primarily through the use of psychotherapy and psychological testing performed under his direction by his employee or associate, one Cherry Ann Clark. At no time during said period did respondent request any further neurological or neurosurgical tests or consultations to determine the patient's condition, despite reports of aphasia and ataxia, and the fact that Mr. D [REDACTED] was suffering from pains on the left side of his face, headaches, pains in his neck, double vision, dragging of his right foot, weakness of his right leg and right arm, problems with his memory, and tension in his jaws which made him slobber.

H. On or about August 27, 1970, the patient on his own having consulted another physician, was diagnosed as left frontal lobe tumor, subsequent to which he underwent surgery for removal of a very large meningioma.

#### IV

The aforesaid findings detail a situation wherein respondent, who was in continuous contact with the patient, should have noted significant visible changes in the patient's physical condition thereby indicating that he was suffering some organic disease and not conversion hysteria, for which he was being treated. These serious errors of diagnosis abundantly establish the charges of gross negligence and gross incompetency.

\* \* \* \* \*

Pursuant to the foregoing findings of fact, the District Number 11, Medical Quality Review Committee, makes the following determination of issues:

Respondent is subject to disciplinary action pursuant to Section 2361 of the Business and Professions Code, in that he is guilty of unprofessional conduct within the meaning of Section

2361 (b) and (c) of the Business and Professions Code, by virtue of being grossly negligent and grossly incompetent in the treatment of a patient.

\* \* \* \* \*

WHEREFORE, THE FOLLOWING ORDER is hereby made:

The Physician's and Surgeon's Certificate issued to respondent, Thomas J. Meyers, M.D., is hereby revoked; provided, however, execution of said order of revocation is stayed and the respondent placed on probation for a period of one (1) year during which he shall not engage in the practice of medicine, but during said period shall comply with the following terms and conditions:

1. Respondent shall successfully pass an appropriate examination established by the Division of Medical Quality, testing his competency in the field of neurology and psychiatry at the level and competency required by the American Board of Family Practice for the general practitioner; and

2. Respondent shall establish proof of participation in fifty (50) hours of accredited continuing education courses in neurology.

\* \* \* \* \*

In the event respondent does not comply with all of the conditions of probation hereinabove set forth at the time of the expiration of his period of probation, the stay shall be lifted and the order of revocation shall become immediately effective. In the event respondent does comply with all the terms and conditions of probation hereinabove set forth, at the conclusion of the period of probation respondent's license shall be fully restored.

BOARD OF MEDICAL QUALITY ASSURANCE  
DIVISION OF MEDICAL QUALITY  
DISTRICT 11, MEDICAL QUALITY REVIEW  
COMMITTEE

Maurice M. Osborne  
MAURICE M. OSBORNE, M.D.

Donald W. Petit M.D.  
DONALD W. PETIT, M.D.

Opheelia Long R.N.  
OPHELIA LONG, R.N.

DATED: March 1, 1977

MAM:mh

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Attorneys for Complainant

BEFORE THE DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

THOMAS J. MEYERS, M.D.,  
Respondent.

NO. D-1778

ACCUSATION

COMES NOW RAYMOND REID, the complainant herein, and  
alleges as follows:

1. That at the time of executing and filing the within  
pleading, complainant was, and now is, the Executive Officer of  
the Board of Medical Quality Assurance of the State of California,  
and that he performed said acts in his official capacity as such  
and not otherwise.

2. That on or about August 29, 1929, respondent  
Thomas J. Meyers (hereinafter "respondent") was issued an  
Osteopathic Physician and Surgeon's Certificate and was placed  
under the jurisdiction of the Board of Osteopathic Examiners. On  
or about November 6, 1962, respondent elected to use the designa-  
tion "M.D." and to come under the jurisdiction of the Board of  
Medical Examiners of the State of California (now known as the  
Board of Medical Quality Assurance of the State of California),

1 and that at all times herein mentioned was, and now is, licensed  
2 to practice medicine and surgery in the State of California.

3 3. That pursuant to sections 2361 and 2372 of the  
4 Business and Professions Code, the Division of Medical Quality of  
5 the Board of Medical Quality Assurance shall take action against  
6 a holder of the certificate who is guilty of unprofessional  
7 conduct.

8 4. That at all times herein mentioned, section 2361(b)  
9 of the Business and Professions Code provided that gross negli-  
10 gence constitutes unprofessional conduct.

11 5. Respondent is subject to disciplinary action  
12 pursuant to section 2361 of the Business and Professions Code in  
13 that he is guilty of unprofessional conduct within the meaning of  
14 section 2361(b) of said Code, in that he has been grossly  
15 negligent in the treatment of a patient, as more particularly  
16 alleged hereinafter:

17 A. That on or about November 2, 1968, re-  
18 spondent was called in as a consultant by a Paul B.  
19 McCracken, M.D., to provide assistance in the treatment  
20 of Dr. McCracken's patient, one Leonard D [REDACTED], who had  
21 been hospitalized at Altadena Community Hospital,  
22 Altadena, California, on October 31, 1968.

23 B. That the medical records of Dr. McCracken  
24 indicated that from the period beginning on or about  
25 December 27, 1965, to on or about November 2, 1968,  
26 Leonard D [REDACTED] had experienced petit mal seizures, an  
27 abnormal sensory pattern in his forehead, an aching at  
28 the base of the skull, ataxia, a speech impediment, and  
29 a sense of being at a high altitude, and that he had  
30 been treated as an epileptic by Dr. McCracken.

31 C. Said records further indicated that

1 during the period from 1966 through October 1968,  
2 Mr. D [REDACTED] continued to have headaches and a speech  
3 impediment, and in October 1968, Mr. D [REDACTED] began to  
4 experience severe headaches, loss of memory, diplopia,  
5 clonic myotonia, muchal rigidity, and dragging of his  
6 right foot.

7 D. That on or about November 4, 1974, an  
8 examination of Mr. D [REDACTED] performed by respondent at  
9 Altadena Community Hospital indicated that Mr. D [REDACTED]  
10 had headaches, that his right foot dragged, and that  
11 his right arm was impaired.

12 E. That during the period from on or about  
13 October 31, 1968, through November 27, 1968, the dura-  
14 tion of Mr. D [REDACTED]' hospitalization at Altadena  
15 Community Hospital, electroencephalograms (EEG's)  
16 taken of Mr. D [REDACTED] indicated abnormalities, and that  
17 a focal lesion such as a tumor in the right fronto-  
18 temporal region must be considered. In addition, a  
19 spinal tap taken by respondent indicated an elevated  
20 spinal pressure and that the spinal fluid had a  
21 moderate protein elevation.

22 F. That despite the clear test warnings set  
23 forth in paragraphs 5D and 5E hereinabove and the prior  
24 medical history of Mr. D [REDACTED], respondent failed to  
25 obtain a full neurological examination, failed to  
26 request any further neurological or neurosurgical  
27 consultations, and diagnosed Mr. D [REDACTED]' condition as  
28 a psychoneurological and psychosomatic reaction, in  
29 that Mr. D [REDACTED] was suffering from conversion hysteria.

30 G. That during the period from on or about  
31 November 1968, through on or about August 1970, respondent

1 treated Mr. D[REDACTED] for conversion hysteria, primarily  
2 through the use of psychotherapy and psychological  
3 testing performed under his direction by his employee  
4 or associate, one Cherry Ann Clark. At no time during  
5 said period did respondent request any further neuro-  
6 logical or neurosurgical tests or consultations to  
7 determine Mr. D[REDACTED]' condition, despite reports of  
8 aphasia and ataxia, and the fact that Mr. D[REDACTED] was  
9 suffering from pains on the left side of his face,  
10 headaches, pains in his neck, double vision, dragging  
11 of his right foot, weakness of his right leg and right  
12 arm, problems with his memory, and tension in his jaws  
13 which made him slobber.

14 H. That on or about August 1970, Mr. D[REDACTED]  
15 went to another physician who diagnosed the cause of  
16 Mr. D[REDACTED]' condition as a partial meningioma and per-  
17 formed various tests, subsequent to which Mr. D[REDACTED]  
18 underwent surgery for removal of a very large  
19 meningioma.

20 I. That respondent's treatment of Mr. D[REDACTED]  
21 as alleged in paragraphs 5A through 5H hereinabove  
22 constitutes gross negligence.

23 6. That at all times herein mentioned, section 2361(c)  
24 of the Business and Professions Code provided that gross incom-  
25 petence constitutes unprofessional conduct.

26 7. Respondent is subject to disciplinary action  
27 pursuant to section 2361 of the Business and Professions Code in  
28 that he is guilty of unprofessional conduct within the meaning of  
29 section 2361(c) of said Code, in that he was grossly incompetent  
30 in the treatment of Leonard D[REDACTED], as alleged in paragraphs 5A  
31 through 5H hereinabove, and which are incorporated herein by



1 reference as though fully set forth at this point.

2 WHEREFORE, complainant prays that the Division of  
3 Medical Quality of the Board of Medical Quality Assurance hold a  
4 hearing on the allegations contained herein, and following said  
5 hearing, take such action as is provided in section 2372 of the  
6 Business and Professions Code, and take such other and further  
7 action as may be proper.

8 DATED: 4/29, 1976.

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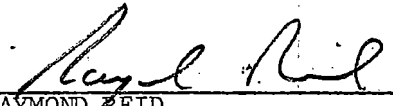
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RAYMOND REID  
Executive Officer  
Board of Medical Quality Assurance  
Department of Consumer Affairs  
State of California

Complainant

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